

Parent Permission Form

Dear Parent,

I have met with _____ and invited her to join a _____ group we will be starting at school. The content and nature of this group have been explained to your student. The group will consist of 8 sessions meeting once per week for 45 minutes. During these sessions we will be working on: 1) _____; 2) _____; 3) _____; 4) _____; 5) _____; 6) _____; and 7) _____.

If you have any questions or comments, please feel free to contact me. I want you to be informed of your student's activities. Thank you for your support in our mutual goal of encouraging your student to be competent, healthy and successful.

Sincerely,

RETURN THIS TO THE COUNSELING CENTER

I give my permission for my student to participate in the _____ group.

Parent's Signature _____ Date _____

Student's Name _____